JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed: 36

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / **MR**	FIRST **Bennett**	MI **R**		**OFFICE USE ONLY**
	NICKNAME	LAST **Dodson**		SUFFIX	Date Received

Waller Co. Elections
JAN 15 2026
RECEIVED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; **PO Box 124**	APT / SUITE #;	CITY; STATE; ZIP CODE **Hempstead, TX 77445**

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE **(979)**	PHONE NUMBER **921-2719**	EXTENSION

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / **MR**	FIRST **Bennett**	MI **R**
	NICKNAME	LAST **Dodson**	SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); **645 12th St**	APT / SUITE #;	CITY; **Hempstead, TX 77445**	STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE	AREA CODE **(979)**	PHONE NUMBER **921-2719**	EXTENSION

9 REPORT TYPE	☑ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
	☐ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month **07** / Day **15** / Year **2025**	THROUGH	Month **01** / Day **15** / Year **2026**

11 ELECTION	ELECTION DATE Month **03** / Day **03** / Year **2026**	ELECTION TYPE ☑ Primary ☐ General ☐ Runoff ☐ Special ☐ Other Description

12 OFFICE	OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known) **County Court at Law No. 1**

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	Bennett Dodson	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,470.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,754.22
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 715.78
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

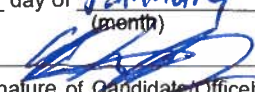20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _Bennett Dodson_____, and my date of birth is _05/23/1994_.

My address is _2119 1gr Sr_____, _Hempsread_, _TX_, _77445_ _VSA_.
 (street) (city) (state) (zip code) (country)

Executed in _Waller_ County, State of _Texas_, on the _15th_ day of _January_, 20_26_.
 (month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Bennett Dodson	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10,140
2.	☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 330
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 5,195.65
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 4,408.57
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☑ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 150.00
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 5

2 FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 Date 7-31-25	**5** Full name of contributor ☐ out-of-state PAC ID#:_____) Philip Moore **6** Contributor address; City; State; Zip Code 6160 Warren Pkwy, Suite 100 Frisco, TX 75034	**7** Amount of contribution ($) 1,000

8 Contributor's principal occupation Attorney	**9** Contributor's job title Attorney
10 Contributor's employer/law firm Moore Family Law	**11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date 8-7-25	Full name of contributor ☐ out-of-state PAC ID#:_____) Donna Myers Contributor address; City; State; Zip Code 26807 Glenfield Hollow Lane Cypress, Texas 77433	Amount of contribution ($) 25

Contributor's principal occupation Retired	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 8-12-25	Full name of contributor ☐ out-of-state PAC ID#:_____) Patrica Perkins Contributor address; City; State: Zip Code 3406 Cherry Forest Dr Houston, TX 77088	Amount of contribution ($) 100

Contributor's principal occupation Retired	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 5

2 FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 Date 8-15-25	**5** Full name of contributor ☐ out-of-state PAC ID#:_____) Mark Dodson	**7** Amount of contribution ($) 15
	6 Contributor address; City; State; Zip Code 5151 Edloe St Apt 4211 Houston, Texas 77005	

8 Contributor's principal occupation Retired	**9** Contributor's job title
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date 8-25-25	Full name of contributor ☐ out-of-state PAC ID#:_____) Leon M Wallace	Amount of contribution ($) 1,000
	Contributor address; City; State; Zip Code 6400 Westpark Dr, Suite 470 Houston, Texas 77057	

Contributor's principal occupation Realtor	Contributor's job title Realtor
Contributor's employer/law firm Longevity Realty Partners	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 8-29-25	Full name of contributor ☐ out-of-state PAC ID#:_____) Ann Dodson	Amount of contribution ($) 500
	Contributor address; City; State: Zip Code 5151 Edloe St Apt 4211 Houston, Texas 77005	

Contributor's principal occupation Marketing	Contributor's job title Marketing Manager
Contributor's employer/law firm Westlake Pipe & Fitting	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 5

2 FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 Date 9-26-25	**5** Full name of contributor ☐ out-of-state PAC ID#:_____) Philip Ricker	**7** Amount of contribution ($) 100
	6 Contributor address; City; State; Zip Code 805 Avenue H Levelland, Texas 79336	

8 Contributor's principal occupation Attorney	**9** Contributor's job title Attorney
10 Contributor's employer/law firm Ricker Law Firm P.C.	**11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date 10-1-25	Full name of contributor ☐ out-of-state PAC ID#:_____) Travis Fleetwood	Amount of contribution ($) 5,000
	Contributor address; City; State; Zip Code 200 E Alamo St Brenham, Texas 77833	

Contributor's principal occupation Attorney	Contributor's job title Attorney
Contributor's employer/law firm Ballard & Fleetwood Attorneys at Law	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 10-16-25	Full name of contributor ☐ out-of-state PAC ID#:_____) Jude Des Bordes	Amount of contribution ($) 200
	Contributor address; City; State; Zip Code 1221 Lamar, 16th Floor Houston, Texas 77010	

Contributor's principal occupation Attorney	Contributor's job title
Contributor's employer/law firm Cokinos	Young	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE **A(J)1**

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 5

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Bennett Dodson	

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____)	**7** Amount of contribution ($)
11-21-25	James Hoffpauir	100
	6 Contributor address; City; State; Zip Code	
	645 12th St Hempstead, Texas 77445	

8 Contributor's principal occupation	**9** Contributor's job title
Investigator	Investigator

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Waller County District Attorney's Office	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:_____)	Amount of contribution ($)
12-8-25	Mary Daaboul	500
	Contributor address; City; State; Zip Code	
	12110 Campos Drive Houston, TX 77065	

Contributor's principal occupation	Contributor's job title
Retired	

Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:_____)	Amount of contribution ($)
12-15-25	Kim Guarino	100
	Contributor address; City; State: Zip Code	
	unable to collect	

Contributor's principal occupation	Contributor's job title
Retired	

Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 5

2 FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 Date 12-31-25	**5** Full name of contributor ☐ out-of-state PAC ID#:_____) Barbara Shears	**7** Amount of contribution ($) 1,000
	6 Contributor address; City; State; Zip Code 1201 McDuffie #130 Houston, TX 77019	

8 Contributor's principal occupation unable to collect	**9** Contributor's job title
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date 1-3-26	Full name of contributor ☐ out-of-state PAC ID#:_____) Ann Dodson	Amount of contribution ($) 500
	Contributor address; City; State; Zip Code 5151 Edloe St Apt 4211 Houston, Texas	

Contributor's principal occupation Marketing Manager	Contributor's job title
Contributor's employer/law firm Westlake Pipe & Fitting	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:_____)	Amount of contribution ($)
	Contributor address; City; State: Zip Code	

Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2: 2
2 FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date 11-5-25	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) Sean Whittmore **7** Contributor address; City; State; Zip Code 645 12th St Hempstead, Texas 77445	**8** Amount of Contribution $ 250	**9** In-kind contribution description 2 Seats for Crimestoppers Gala ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) Attorney	**13** Contributor's job title (FOR JUDICIAL) (See Instructions) District Attorney
14 Contributor's employer/law firm (FOR JUDICIAL) State of Texas	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date 1-5-26	Full name of contributor ☐ out-of-state PAC (ID#:_____) Donna Myers Contributor address; City; State; Zip Code 26807 Glenfield Hollow Lane Cypress, Texas 77433	Amount of Contribution $ 50	In-kind contribution description Lunch for volunteers ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Retired	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2: 2
2 FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date 1-11-26	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) Mary Daaboul **7** Contributor address; City; State; Zip Code 12110 Campos Drive Houston, TX 77065	**8** Amount of Contribution $ 5	**9** In-kind contribution description Ice for drinks ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	**11** Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) Retired	**13** Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date 1-11-26	Full name of contributor ☐ out-of-state PAC (ID#:_____) Judy Thigpen Contributor address; City; State; Zip Code 12607 Bounty Lane Tomball, TX 77377	Amount of Contribution $ 25	In-kind contribution description Shipley's Donuts ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Retired	Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **8**	2 FILER NAME **Bennett Dodson**	3 Filer ID (Ethics Commission Filers)

4 Date **7-31-25**	5 Payee name **Prosperity Bank**	

6 Amount ($) **10.00**	7 Payee address; **80 Sugar Creek Center Blvd Sugar Land, TX 77478** City; State; Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) **Fees**	(b) Description **Service charge**

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date **8-10-25**	Payee name **Walmart**	

Amount ($) **10.70**	Payee address; **702 SW 8th St Bentonville, AK 72716** City; State; Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Office Overhead**	Description **Square reader**

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date **8-10-25**	Payee name **Walmart**	

Amount ($) **104.92**	Payee address; **702 SW 8th St Bentonville, AK 72716** City; State; Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) **Office Overhead**	Description **Printer Ink**

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	**5** Payee name
8-10-25	Walmart

6 Amount ($)
27.87

7 Payee address;   City;   State;   Zip Code

702 SW 8th St Bentonville, AK 72716

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Avery business cards

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date	Payee name
8-31-25	Prosperity Bank

Amount ($)
10.00

Payee address;   City;   State;   Zip Code

80 Sugar Creek Center Blvd Sugar Land, TX 77478

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Fees

Description

Service charge

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date	Payee name
9-30-25	Prosperity Bank

Amount ($)
10.00

Payee address;   City;   State;   Zip Code

80 Sugar Creek Center Blvd Sugar Land, TX 77478

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Fees

Description

Service charge

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	**5** Payee name
10-18-25	Office Depot

6 Amount ($)	**7** Payee address; City; State; Zip Code
204.85	6600 North Military Trail Boca Raton, FL 33496
	☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	**(b)** Description
Advertising Expense	Avery postcards, business paper

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10-19-25	Best Buy

Amount ($)	Payee address; City; State; Zip Code
174.25	7601 Penn Avenue South Richfield, MN 55423
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Office overhead	Campaign cellphone, case, screen protector

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10-21-25	Office Depot

Amount ($)	Payee address; City; State; Zip Code
121.75	6600 North Military Trail Boca Raton, FL 33496
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Avery postcards, business paper

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)

4 Date 11-3-25	5 Payee name Cirillo Marketing	

6 Amount ($) 681.89	7 Payee address; 145 North Franklin Turnpike Suite 201 Ramsey, NJ 07446 City; State; Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
Yard signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 11-3-25	Payee name Prosperity Bank

Amount ($) 20.00	Payee address; 80 Sugar Creek Center Blvd Sugar Land, TX 77478 City; State; Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Fees

Description
Wire transfer fee

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 11-5-25	Payee name Walmart

Amount ($) 24.96	Payee address; 702 SW 8th St Bentonville, AK 72716 City; State; Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
Avery postcards

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	5 Payee name
11-8-25	Waller County Republican Party

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1,500	PO Box 1414 Hempstead, TX 77445			

☐ Check if individual's residence address.

8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fee	Filing Fee

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-13-25	USPS Post Master

Amount ($)	Payee address;	City;	State;	Zip Code
370.00	901 12th St Hempstead, TX 77445			

☐ Check if individual's residence address.

	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fee	Bulk Mailing Permit

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-9-25	inkDots LLC

Amount ($)	Payee address;	City;	State;	Zip Code
270.63	15803 Tuckerton Rd Houston, TX 77095			

☐ Check if individual's residence address.

	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	4' x 8' Signs

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)

4 Date 1-4-26	5 Payee name Walmart			
6 Amount ($) 38.60	**7 Payee address;** 702 SW 8th St Bentonville, AK 72716	City;	State;	Zip Code
	☐ Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule) Office Overhead	**(b) Description** Tote for canvassing supplies, storage for office supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 1-4-26	Payee name Costco			
Amount ($) 17.31	Payee address; 999 Lake Dr Issaquah, WA 98027	City;	State;	Zip Code
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description Paper plates
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 1-6-26	Payee name Republican Women's Club of Katy			
Amount ($) 100	Payee address; 9550 Spring Green Blvd Ste 408-122 Katy, TX 77494	City;	State;	Zip Code
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Candidate Forum
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	**5** Payee name
1-7-26	Costco

6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
52.45	999 Lake Dr Issaquah, WA 98027			

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description
	Food & Beverage Expense	Cookies and water bottles

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
1-10-26	Walmart

Amount ($)	Payee address;	City;	State;	Zip Code
83.41	702 SW 8th St Bentonville, AK 72716			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Campaign supplies

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
1-11-26	Costco

Amount ($)	Payee address;	City;	State;	Zip Code
149.97	999 Lake Dr Issaquah, WA 98027			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food & Beverage Expense	Sandwiches

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	5 Payee name
1-12-26	USPS

6 Amount ($)
1,159.51

7 Payee address; City; State; Zip Code
901 12th St Hempstead, TX 77445

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
January Mailers

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

Date	Payee name
1-14-26	Amazon

Amount ($)
52.58

Payee address; City; State; Zip Code
410 Terry Avenue North Seattle, WA 98109

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
Business paper

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

Date	Payee name

Amount ($)

Payee address; City; State; Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 15	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)

4 Date 7-7-25	5 Payee name Cloudflare	

6 Amount ($) 20.88
☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code
101 Townsend St San Francisco, CA 94107
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Office Overhead

(b) Description
Website registration fee

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 7-20-25	Payee name Google	

Amount ($) 2.88
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
1600 Amphitheatre Pwky Mountain View, CA 94043
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead

Description
Google Workspace

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 8-1-25	Payee name Google	

Amount ($) 7.46
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
1600 Amphitheatre Pwky Mountain View, CA 94043
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead

Description
Google Workspace

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
    Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 15	**2 FILER NAME** Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 Date 8-13-25	**5** Payee name Visible	

6 Amount ($) 25.00 ☑ Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code 8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule) Office Overhead	**(b) Description** Cell phone service
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 9-1-25	Payee name Google	

Amount ($) 7.46 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 Amphitheatre Pwky Mountain View, CA 94043 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Google Workspace
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 9-13-25	Payee name Visible	

Amount ($) 25.00 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Cell phone service
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 15	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)

4 Date 10-1-25	5 Payee name Google

6 Amount ($) 7.46 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pwky Mountain View, CA 94043 ☐ Check if individual's residence address.

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Google Workspace
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 10-13-25	Payee name Visible

Amount ($) 25.00 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Cell phone service
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 10-18-25	Payee name Michaels

Amount ($) 308.73 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3939 W John Carpenter Fwy Irving, TX 75063 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirt supplies
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
10-22-25	Amazon

6 Amount ($)
16.23

☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code

410 Terry Avenue North Seattle, WA 98109

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Yard sign stakes

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-1-25	Google

Amount ($)
7.46

☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

1600 Amphitheatre Pwky Mountain View, CA 94043

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Office Overhead	Google Workspace

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-1-25	USPS

Amount ($)
188.00

☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

901 12th St Hempstead, TX 77445

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Office Overhead	PO Box - 1 year

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	**5** Payee name	
11-9-25	Walmart	

6 Amount ($)
112.26
☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code
702 SW 8th St Bentonville, AK 72716
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
Avery postcards

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name	
11-13-25	Visible	

Amount ($)
25.00
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead

Description
Cell phone service

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name	
11-16-25	True Givers - True NCOA	

Amount ($)
20.00
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
PO Box 364 Oak Park, IL 60303
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
Voter address verification

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	**5** Payee name
11-16-25	Walmart

6 Amount ($)
112.26
☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code

702 SW 8th St Bentonville, AK 72716

☐ Check if individual's residence address.

8
PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Avery postcards

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9
Complete **ONLY** if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date	Payee name
11-16-25	Michaels

Amount ($)
14.06
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

3939 W John Carpenter Fwy Irving, TX 75063

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Expense

Description

Button machine

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date	Payee name
11-16-25	Michaels

Amount ($)
31.38
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

3939 W John Carpenter Fwy Irving, TX 75063

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Expense

Description

T-Shirt supplies

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	**5** Payee name
11-16-25	Walmart

6 Amount ($)
48.89
☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code

702 SW 8th St Bentonville, AK 72716

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	**(b)** Description
Advertising Expense	Avery postcards

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-16-25	Office Depot

Amount ($)
123.37
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

6600 North Military Trail Boca Raton, FL 33496

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Avery postcards, business paper

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-21-25	Amazon

Amount ($)
178.40
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

410 Terry Avenue North Seattle, WA 98109

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Avery postcards

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 15	**2** FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)

4 Date 11-24-25	**5** Payee name Melissa Data

6 Amount ($) 4.97
[✓] Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code
22382 Avenida Empresa Rancho Santa Margarita, CA 92688
[ ] Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
NCOA

(c) [ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 12-1-25	Payee name Google

Amount ($) 7.46
[✓] Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
1600 Amphitheatre Pwky Mountain View, CA 94043
[ ] Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead

Description
Google Workspace

[ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 12-2-25	Payee name Adobe

Amount ($) 7.45
[✓] Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
345 Park Avenue San Jose, CA 95110
[ ] Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead

Description
Adobe Software

[ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
12-4-25	Adobe

6 Amount ($)
32.46

☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code

345 Park Avenue San Jose, CA 95110

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Office Overhead	Adobe Software

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-5-25	Walmart

Amount ($)
48.73

☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

702 SW 8th St Bentonville, AK 72716

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Food & Beverage Expense	Candy for Hempstead Holiday Lights Parade

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-9-25	Amazon

Amount ($)
16.23

☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

410 Terry Avenue North Seattle, WA 98109

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Office Overhead	Volunteer badge holders

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
12-12-25	Michaels

6 Amount ($)
90.84
☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code
3939 W John Carpenter Fwy Irving, TX 75063
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	T-Shirt supplies

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-13-25	Visible

Amount ($)
25.00
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code
8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Office Overhead	Cell phone service

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-13-25	Amazon

Amount ($)
17.31
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code
410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Yard sign stakes

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
12-17-25	T-Shirt King

6 Amount ($)
382.66

[✓] Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code

7798 Harwin Dr Houston, TX 77036

[ ] Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	T-Shirts

(c) [ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-30-25	Amazon

Amount ($)
57.51

[✓] Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

410 Terry Avenue North Seattle, WA 98109

[ ] Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense & Office Overhead	Volunteer badge holders, yard sign stakes, canvassing tote bags

[ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
1-1-26	Google

Amount ($)
7.46

[✓] Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

1600 Amphitheatre Pwky Mountain View, CA 94043

[ ] Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Office Overhead	Google Workspace

[ ] Check if travel outside of Texas. Complete Schedule T.   [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	**5** Payee name
1-5-26	Amazon

6 Amount ($)
479.32
☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code
410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Food & Beverage Expense & Office Overhead

(b) Description
Chex snack mix, Toner

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name   Office sought   Office held

Date	Payee name
1-5-26	Amazon

Amount ($)
227.22
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
T-Shirts

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name   Office sought   Office held

Date	Payee name
1-6-26	Dominos

Amount ($)
62.73
☑ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code
30 Frank Lloyd Wright Drive Ann Arbor, MI 48105
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Food & Beverage Expense

Description
Dinner for volunteers

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name   Office sought   Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
1-7-26	Amazon

6 Amount ($) 44.80
☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code
410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Office Overhead

(b) Description
Canvassing clipboards

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date	Payee name
1-8-26	Kroger

Amount ($) 21.64
☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code
1014 Vine St Cincinnati, OH 45202
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Food & Beverage Expense

Description
Sandwich condiments

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date	Payee name
1-8-26	Amazon

Amount ($) 10.80
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code
410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead

Description
Sharpies

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 15	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)

4 Date 1-8-26	5 Payee name Amazon	

6 Amount ($) 6.62 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Bic Pens
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 1-9-26	Payee name inkDots	

Amount ($) 582.39 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15803 Tuckerton Rd Houston, TX 77095 ☐ Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4' x 4' signs
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 1-10-26	Payee name Amazon	

Amount ($) 213.28 ☑ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business paper
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
1-10-26	Walmart

6 Amount ($)
38.81
☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

702 SW 8th St Bentonville, AK 72716

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Food & Beverage Expense

(b) Description
Iced tea & drink mix

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
1-10-26	Office Depot

Amount ($)
673.60
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code

6600 North Military Trail Boca Raton, FL 33496

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense & Office Overhead

Description
Business paper, toner

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
1-13-26	Visible

Amount ($)
25.00
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code

8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Office Overhead

Description
Cell phone service

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
1-14-26	Walmart

6 Amount ($)
17.10

☑ Reimbursement from political contributions intended

7 Payee address;   City;   State;   Zip Code

702 SW 8th St Bentonville, AK 72716

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Office Overhead

(b) Description
storage container for rubber bands, flash drive

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)

☐ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)

☐ Reimbursement from political contributions intended

Payee address;   City;   State;   Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
1	Bennett Dodson	

4 Date	**5** Payee name
9-13-25	Pattison Area VFD

6 Amount ($)	**7** Payee address;	City	State	Zip Code
150.00	2950 FM 359 Pattison, Texas 77423			

8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories.) Other: Fundraiser Auction	**(b)** Description (See instructions regarding type of information required.) Handgun carrying case

Date	Payee name

Amount ($)	Payee address;	City	State	Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($)	Payee address;	City	State	Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($)	Payee address;	City	State	Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Bennett Dodson	

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.

2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5. I am filing this affidavit with the __January 15__ report due on __1-15-26__.
   I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
   (street)   (city)   (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
                                                                              (month)   (year)

_____
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**